

FEB 22 2006

PTO/SB/21 (04-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/788,687
		Filing Date	02/26/2004
		First Named Inventor	Hoa Do
		Art Unit	1773
		Examiner Name	BERNATZ, KEVIN M
Total Number of Pages in This Submission	9	Attorney Docket Number	HSJ920040016US1

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas R. Berthold		
Signature	/ Thomas R. Berthold /		
Date	02/21/2006		

CERTIFICATE OF TRANSMISSION/MAILING

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Information and authorization on PTO-2038.

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200 100
Multiple dependent claims	360 180
Total Claims	Extra Claims Fee (\$) Fee Paid (\$)
6 - 20 or HP =	0 x \$50 = \$0
HP = highest number of total claims paid for, if greater than 20	
Indep. Claims	Extra Claims Fee (\$) Fee Paid (\$)
2 - 3 or HP =	0 x \$200 = \$0
HP = highest number of independent claims paid for, if greater than 3	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____ / 50 =	(round up to a whole number) x _____	=	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY				
Signature	/ Thomas R. Berthold /	Registration No. 28,689 (Attorney/Agent)	Telephone (408) 396-8411	
Name (Print/Type)	Thomas R. Berthold		Date 02/21/2006	

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/788,687

Art Unit: 1773

Filing Date: 02/26/2004

Examiner: BERNATZ, KEVIN M

First Named Inventor: Hoa Van Do

Date: February 21, 2006

Title: **MAGNETIC RECORDING DISK WITH ANTIFERROMAGNETICALLY-COUPLED MAGNETIC LAYER HAVING MULTIPLE LOWER LAYERS**

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office communication mailed 01/20/2006. Please amend the application as follows:

In the Claims, amend the claims as per the attached sheets.